

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County StoddardRegistration District No. 840File No. 27973Township East CreekPrimary Registration District No. 6102Registered No. 37

City _____

(No. _____)

St. _____ Ward _____

2. FULL NAME William Trotter

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Fairfield Ill

13. NAME

Dora Knowl

FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Fairfield

MOTHER

15. MAIDEN NAME

Dora Knowl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

17. INFORMANT (ADDRESS)

John Trotter
Box 120 R-4

18. BURIAL, CREMATION, OR REMOVAL

PLACE WagapelloDATE 7-2

1934

19. UNDERTAKER (ADDRESS)

Edman White Store CO
Wagapello Mo

20. FILED

7-2

1934

E. L. Hope

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1934

22. I HEREBY CERTIFY That I attended deceased from

Jan 1, 1934 to July 1, 1934I last saw him alive on June 25, 1934 Death is saidto have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Diabetes

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. L. Hope, M. D.(Address) Wagapello Mo

